Periscope.

CLINICAL NEUROLOGY.

79 "Casuistische Mittheilungen über Schädel- und Gehirnverletzungen" (Cases of Severe Skull and Brain Injury). Frölich, (Münchener medicinischer Wochenschrift, 1900, No. 6).

The author reports two cases, the first of which is interesting as showing how severe an injury the brain may suffer without a fatal result.

A boy of 14 fell into a shaft 30 m. deep, the cover of the shaft falling after him, and striking him on the head. He was picked up and brought to the hospital, completely unconscious, with left hemiplegia. On the right side of his skull there was an opening 6 cm. long and 2 cm. broad, extending from the lower half of the anterior border of the parietal bone to the neighborhood of the junction point of the parietal, frontal, and temporal bones, somewhat obliquely downward and forward. From this opening protruded a mass of brain matter and blood coagulation, and an even larger portion of brain substance was matted in the patient's hair, ostensibly by reflex movements of the unparalyzed right arm. After cleaning up the neighborhood of the wound and removing the destroyed brain substance, a probe introduced struck against the missing piece of bone in the brain within the skull, where it had been driven edgewise, cutting its way like a knife. Its careful extraction was followed by such a gush of blood that the patient seemed about to die upon the table. By packing with gauze, however, the hemorrhage was controlled, a light dressing was applied and on top of this the ice bag. On the second day the patient began to regain consciousness, and on the third his sensorium was comparatively clear, and he was able to speak and to give some account of the accident. There was complete left hemiplegia. No febrile reaction occurred. On the fourth day the dressing was changed and the tampon removed. There was no more hemorrhage, and the brain was found level with the opening. The patient did not seem to suffer any pain.

Later the brain showed a tendency to bulge out of the opening, and could not be restrained by pressure on account of the severe pain which this caused. Twenty-five days after the accident the bulging having apparently reached its height, the protruding portion of the brain was removed by continuous ligature. The paralysis began to improve, and in three months the patient could get around with the aid of a stick. His mental condition did not seem at all impaired. Four months later he was discharged from the hospital. A year after the accident he had recovered, except for a paralysis of the arm.

The second case is that of a man of 21, who in December, 1888, shot himself in the right temple. The ball was searched for, but not found. After three weeks the patient was discharged from the hospital, the wound healed, but he was blind in the right eye. On November 23, 1899, he was seized with pain in the head and neck. There came on delirium and convulsions, and there was paralysis of the left arm.

His condition grew worse, and he died December 12. The autopsy showed that the ball had passed in along the junction of the great wing of the sphenoid and the frontal bone, and had been deflected into the orbital cavity, where it was found in a mass of callus. The right optic nerve had been destroyed. All over the base of the brain there was a fibropurulent deposit. It seems remarkable that an inflammatory complication should ensue so long after the original injury. ALLEN.

80 UN CAS D'ANOREXIE HYSTÉRIQUE (A Case of Hysterical Anorexia). Georges Gasne (Nouvelle Iconographie de la Salpêtrière, January and February, 1900, 13th Year, No. I, p. 51).

This is a very interesting case of hysterical anorexia in which a remarkable degree of emaciation was produced. A photograph of the case shows it very well. The case is briefly as follows: Young girl, sixteen years old, mother hysterical, father alcoholic. First hysterical attack followed a psychical trauma due to dangerous illness of mother. This attack was accompanied with convulsive seizures and temporary paralyses, followed by amaurosis, hallucinations, and, most marked of all, an exaggerated condition of anorexia. To be noted is the fact that the mammary gland did not take part in the general emaciation. The patient's weight on her entrance to the Salpêtrière was 55 livres (pounds). Under treatment, mainly by isolation, her appetite returned and her weight increased to 80 pounds. The author adds a number of interesting comments upon the case. True anorexia must be distinguished from an anorexia due to pain following the ingestion of food and from the anorexia following vomiting, as the result of this ingestion. The pain and vomiting can be thought of as resulting from the hyperalgesia of the mucous membrane of the stomach. The possibility of discovering if this pure anorexia is due to an anesthesia of the mucous membrane could not be determined in this case, as no sensory disturbance over the abdomen in the gastric region could be demonstrated. It is a well known fact that anesthesia or hyperesthesia of this region is often accompanied by profound digestive disturbances. It is further noted that while the hysterical nature of these anorexias is everywhere admitted, for the most part no definite hysterical stigmata can be demonstrated. Whether such hysterical individuals are monosymptomatic or not, the condition is cured in much the same way as other hysterical symptoms more commonly met with, namely, by isolation. SCHWAB.

81 UEBER OBJECTIVE SYMPTOME LOCALER HYPERÄSTHESIE UND ANÄSTHESIE DES SOG, TRAUMATISCHEN NEUROSEN UND BEI HYSTERIE. (Concerning the Objective Symptoms of Local Hyperesthesia and Anesthesia in the so-called Traumatic Neuroses and in Hysteria). W. v. Bechterew (Neurol. Centralbl., March 1, 1900, No. 5, p. 205).

V. Bechterew points out the fact that although local hyperesthesiæ are by no means exclusively peculiar to the so-called traumatic neuroses, they nevertheless constitute—together with tenderness on pressure—one of their most constant signs. It is necessary, therefore, particularly in cases where there is a suspicion of simulation, that we should have at command definite and satisfactory methods of ascertaining the presence or absence of these phenomena in a given case, irrespective of the patient's statements; in other words, methods which will yield irrefragable objective proofs. Among these methods v. Bechterew gives a high place to that of Mannkopf, and this in spite of all recent views to the contrary. In using this test v. B. does not limit himself to the observation of the increase in the pulse-rate thus produced, but also studies the variation in the curve of the pulse, simultaneously brought about.

The dilatation of the pupils which is caused by pressure over painful areas he regards as an objective sign of even greater importance than the heart symptoms, since it can be elicited at will and without the aid